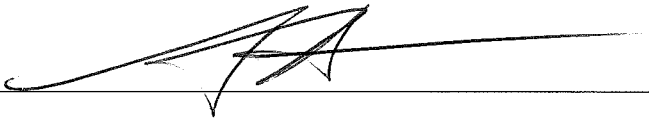




Certificate of Need Program

REPRESENTATIVE REGISTRATION*(A registration form must be completed for **each** project presented.)*

Project Name Kansas City Post Acute		Number 5374 NS	
<i>(Please type or print legibly.)</i>			
Name of Representative Michael Levitt		Title	
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Barry Road Rehabilitation & Healthcare <i>(moved to Parvin Rd + N. Jackson)</i>		Telephone Number 816-278-3114	
Address (Street/City/State/Zip Code) 3759 N. Jackson (Parvin Rd & N.Jackson) Kansas City (Clay County) MO			
Who's interests are being represented? <i>(If more than one, submit a separate Representative Registration Form for each.)</i>			
Name of Individual/Agency/Corporation/Organization being Represented Tutera Senior Living and Health Care		Telephone Number 816-444-0900	
Address (Street/City/State/Zip Code) 7611 State Line, Suite 301 Kansas City, mO 64114			
<p>Check one. Do you:</p> <p><input type="checkbox"/> Support</p> <p><input checked="" type="checkbox"/> Oppose</p> <p><input type="checkbox"/> Neutral</p>		<p>Relationship to Project:</p> <p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Employee</p> <p><input type="checkbox"/> Legal Counsel</p> <p><input type="checkbox"/> Consultant</p> <p><input type="checkbox"/> Lobbyist</p> <p><input type="checkbox"/> Other (explain):</p>	
Other Information: <u>We are under development.</u> <u>located (1) mile as The crow flies.</u>			
<p>I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i></p>			
Original Signature 		Date 11/1/16	



Certificate of Need Program

REPRESENTATIVE REGISTRATION

(A registration form must be completed for each project presented.)	
Project Name Kansas City Post Acute	Number 5374 NS
(Please type or print legibly.)	
Name of Representative Michael Levitt	Title
Firm/Corporation/Association of Representative (may be different from below, e.g., law firm, consultant, other) Congress Park (aka Tiffany Springs Rehabilitation and Health Care)	Telephone Number 816-444-0900
Address (Street/City/State/Zip Code) Old Tiffany Srpings Rad and N. Ambassador Drive, KC, (Platte) MO	
Who's interests are being represented? (If more than one, submit a separate Representative Registration Form for each.)	
Name of Individual/Agency/Corporation/Organization being Represented Congress Park	Telephone Number 816-444-0900
Address (Street/City/State/Zip Code)	
Check one. Do you: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> Neutral	Relationship to Project: <input checked="" type="checkbox"/> None <input type="checkbox"/> Employee <input type="checkbox"/> Legal Counsel <input type="checkbox"/> Consultant <input type="checkbox"/> Lobbyist <input type="checkbox"/> Other (explain):
Other Information: We are under construction and are located 8 miles as the crow flies from this site.	
I attest that to the best of my belief and knowledge the testimony and information presented by me is truthful, represents factual information, and is in compliance with §197.326.1 RSMo which says: <i>Any person who is paid either as part of his normal employment or as a lobbyist to support or oppose any project before the health facilities review committee shall register as a lobbyist pursuant to chapter 105 RSMo, and shall also register with the staff of the health facilities review committee for every project in which such person has an interest and indicate whether such person supports or opposes the named project. The registration shall also include the names and addresses of any person, firm, corporation or association that the person registering represents in relation to the named project. Any person violating the provisions of this subsection shall be subject to the penalties specified in § 105.478, RSMo.</i>	
Original Signature 	Date 11/1/16